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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | | | | |
|--|---|-----------------|------------------------|-------------|----------------|----------------------|------------|---|--------|-------|--------|------------|--|--|
| | Ms. Krystal Shantrell Johnson | | | | | | | | | | | | | |
| | (b) Address (number and street) 961 East Cleveland Circle | | | | | | | Candidate's FEC Identification Number P60011657 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is ⁻ | his | | New | | | Amended | | |
| | Jackson | | AL 36545 | | | Sta | tement | × | (N) | OR | | (A) | | |
| 4. | Party Affiliation | ů – | | | | istrict of Candidate | | | | | | | | |
| | DEMOCRATIC PARTY | President | ial | | | | | | | | | | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | | | |
| 7. | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) | | | | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | | | | |
| | United for All | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | (b) Address (number and street) 961 East Cleveland Circle | | | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | | | |
| | Jackson | | | | AL | 36 | 545 | | | | | | | |
| | Jackson | | | | 712 | 00 | 7-10 | | | | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. | | | | | | | | | | | | | | |
| NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | I certify that I have exa | amined this Sta | tement and to | the best of | my knowledge a | | t is true, | , corre | ct and | compl | ete. | | | |
| Signature of Candidate | | | | | | Date | | | | | | • | | |
| <i>M</i> | s. Krystal Shantrell Johnson | | [Electronically Filed] | | | 08/21/2015 | | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | | | | |
| | JIE. Gubinission of false, erroneous | , | | | | | | | | | 3.C. § | 9437g. | | |
| | J. E. Oddiniosion of labor, enoneous | | | | | | | • | | | 3.0. § | 9437g | | |

FEC FORM 2 (REV. 02/2009)